

## **APPLICATION DATA SHEET**

### **Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: AN INTEGRATED ELECTRONIC  
MICROPHONE (AS AMENDED)

Attorney Docket Number:: 016660-188

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 6

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Hong Kong

Status:: Full Capacity

Given Name:: Man

Middle Name::

Family Name:: WONG

Name Suffix::

City of Residence:: New Territories

State or Province of Residence::

Country of Residence:: Hong Kong

Street of Mailing Address:: 8 On Chun Street, Villa Oceania, Tower 2, 6/F,  
Flat B, Man On Shan

City of Mailing Address:: New Territories

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Hong Kong

Status:: Full Capacity

Given Name:: Yitshak

Middle Name::

Family Name:: ZOHAR

Name Suffix::

City of Residence:: Kowloon

State or Province of Residence::

Country of Residence:: Hong Kong

Street of Mailing Address:: Hong Kong University of Science and Technology, Senior Staff Quarters, Tower 1, 4F, Flat C, Clear Water Bay

City of Mailing Address:: Kowloon

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing Address::

## Correspondence Information

Correspondence Customer Number:: 21839  
Phone Number:: (703) 836-6620  
Fax Number:: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

|                  |                   |                      |                      |
|------------------|-------------------|----------------------|----------------------|
| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | Division of       | 10/050,858           | 01/18/02             |

### **Foreign Priority Information**

|           |                      |               |                    |
|-----------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|

### **Assignee Information**

Assignee Name:: THE HONG KONG UNIVERSITY OF SCIENCE AND TECHNOLOGY

Street of Mailing Address:: Clear Water Bay

City of Mailing Address:: Kowloon

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing  
Address::